



PUBLIC RECORDS REQUEST

All information provided on this form is subject to disclosure if requested.

Requestor Name: _____ **Date:** _____

Address: _____
(Cost of Postage will apply if records are to be mailed)

Telephone Number or Email Address: _____
(To contact you if there are questions, delays or records are ready for pickup)

Fees: A fee of \$0.50 per page will be charged for paper copies. An hourly fee of \$10.00 for staff time in excess of two (2) hours necessary to fulfill the request may also be charged for both electronic records and paper copies. If it is necessary for a City contractor to search records, the requesting party will be so advised of the hourly rate for this service charged to the City. The requesting party will be charged at the rate charged to the City. All charges shall be paid in full before the public records are provided by the City Clerk.

Records Requested: (Please be as specific as possible)

Is this a commercial request? **Yes** ☐ **No** ☐

(Commercial purpose is defined as: "The use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from such public records for the purpose of solicitation or the sale of such names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public record." A.R.S. §39-121.01).

If for a commercial purpose, please explain the intended use:

By submitting this request, you certify that the foregoing information is true and correct to the best of your knowledge.

Please note: The City will endeavor to fulfill requests "promptly". However, records are stored in various locations and some may contain confidential information that requires review and possible redaction. Additional time may be necessary to process such requests.

For Office Use Only:

Date Fulfilled: _____ **Number of Pages or Electronic File:** _____ **Amount Due:** _____

Comments: (Reason records were withheld or redacted)